

Tukwila School District
Certificated/Classified Extra Hours Meeting Time Sheet
 (complete in ink)

Anticipated Length of Meeting: _____

Date: _____

Start Time: _____

End Time: _____

Include the following attachments with this form: Agenda and Minutes

By my name and initials below I hereby certify that the hours worked on this form are true and correct.

Grade Level	Employee Name (Printed)	Employee Initials	Classified Staff Y/N	Indicate Number of Hours	Account Code (PPSS-AA-0BBB-LLL-XXXX-XXXX) Required

Supervisor/Budget Manager: _____ Date: _____

Business Office: _____ Date: _____